



January 31, 2005 Treatment on your time.

EFAXED

107 Lincoln Street  
Worcester, MA 01605  
(508) 799-9000

88 Faunce Corner Road  
Suite 260  
North Dartmouth, MA 02747  
(508) 999-1102

14 Beacon Street, #801  
Boston, MA 02108  
(617) 227-2622

400 Bald Hill Road  
Suite 517  
Warwick, RI 02886  
(401) 732-1500

1419 Hancock Street  
Suite 203  
Quincy, MA 02169  
(617) 328-0639

John J. Moakley Federal Courthouse  
1 Courthouse Way  
Boston, MA

RE: Mr. Jerome Lassiter  
DOB: 3/8/84

Dear Judge Magistrate,

This is to inform you of the results of the assessment of needs of Mr. Lassiter done by me at the Moakley Courthouse on 1/19/05. It is based on the information supplied, orally, by Mr. Lassiter. Due to the fact this is based solely upon his report it may be viewed with prudence. I believe he was presenting an honest picture of his substance use history and genuinely asking for help.

Mr. Lassiter was, he reports, raised by his mother the 2<sup>nd</sup> of 5 children. He describes his childhood as good, but says he was "afraid" a lot. He describes problems in school as being triggered by his fear. He reports he was intimidated because he had no male in his life to "protect him" or provide a positive role model. This led to the streets and criminal activity seeking acceptance and protection.

When patient was asked by US Pretrial Officer Ms. September Brown if he had a problem with drugs/alcohol, he answered "no." He now states he answered "no" because he feared it would be held against him. He says he believed at that time "junkies just got put into jail for long sentences." He now reports he has learned differently and wants to avail himself of the chance to change his life.

Patient reports he first used Cannabis at age 12 and began to use it daily almost from the start. He says it made him feel less afraid, less anxious, and more comfortable with other kids. He progressed to the point he was smoking 5/6 blunts per day for several years ending in April 2004 with his incarceration. He used Alcohol first at age 12/13 after his first marijuana use. He reports only sporadic use, only 1/2 drinks, not very often. He further reports trying Ecstasy several times at age 17, but disliked it.

Patient reports a long history of criminal activity related to drugs. He served 6 months in mid 2003 at the South Bay House of Correction for violation of probation. He reports he was in the Drug Rehabilitation Unit, where he became clean and abstinent, went to AA, and reports being able to see the possibility of a new life for himself.



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However upon his release he quickly was back in with old friends, who led to use, which led to current legal charges.

Patient reports sounded authentic, he said things that fit his background, his education, and his street background. If rehearsed, he did it well.

I feel in my best clinical judgement, Mr. Lassiter would benefit most from residential Drug/Alcohol Treatment; Spectrum House or Gosnold's Stephen Miller House or a facility such as that. AA/NA must be included with emphasis on the steps. The input and participation of his family also is urged. Such treatment would allow for the best possible outcome for this man. In the interest of the people, Mr. Lassiter clean, sober, and not involved in criminal activity is the best outcome for all.

*W.F.S.M.W.*  
William F. Sullivan, M.Ed  
Outpatient Clinician

*Frederick Ruzanski CAGS, LMHC*  
Frederick Ruzanski CAGS, LMHC  
Director Outpatient Boston